

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

American Chiropractic Association(b) Address (number and street) ☐ check if different than previously reported
1701 Clarendon Blvd

(c) City, State and ZIP Code

Arlington

VA

22209

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30002299**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M /
10D D D /
15Y Y Y Y Y Y
2014

through

M M M /
10D D D /
20Y Y Y Y Y Y
2014**5. (a) Date of Public Distribution(s)**M M M /
10D D D /
20Y Y Y Y Y Y
2014**(b) Communication Title** Braley for Iowa Gardner for Colorado**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

John Falardeau

(b) Address (number and street)

1701 Clarendon Blvd

(c) City, State and ZIP Code

Arlington

VA 22209

(d) Name of Employer or Principal Place of Business

American Chiropractic Association

(e) Occupation

SCP-Government Relations

9. Total Donations This Statement

15480.00

10. Total Disbursements/Obligations This Statement

15000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

John Falardeau

SIGNATURE

John Falardeau

[Electronically Filed]

DATE

10/21/2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.